

LI 000009046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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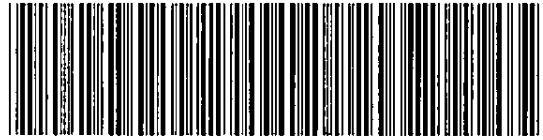
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOUTH FLORIDA I LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUCIO N. GORDAN  
Name of Person

112 NW 117th WAY  
Address

GAINESVILLE, FL 32607-1118  
City/State and Zip Code

LUCIO GORDAN @ ICLOUD.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUCIO N GORDAN at (352) 213 6840  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

